Medicaid Disease Management Project Team Minutes

Date: January 4, 2008 **Time: 0830 MST** **Location:** 3232 Elder Street, Boise **Moderator:** Dr. Donald G. Norris

Tools: Information: Updates on current issues, events and activities
Discussion: Discuss new and emerging issues
Skillful Discussion: Make decisions on selected issues through skillful discussion
Dialogue: Collective inquiry to gain more complete understanding of complex issues

Present:
Elder Street:
Don Norris, Katie Ayad, Jeanne Siroky
By Phone:
Valley Family Health Care, Dirne, Family Health Services, Pocatello Family Residency, Teri Barker from IPCA

Agenda Item	Lead	Tool	Desired Outcomes	Assignee
Introduction	Don Norris	Information	Each team introduced themselves.	
Time for phone conferences	Don Norris	Information	Teams said the 8:30 MST (7:30 PST) is a good time to meet.	
Discussion of information from last call	Don Norris	Information	At the direction of the Department Director, the CDM program will continue to focus on those clients with diabetes along with its co-morbid and concomitant conditions.	
Program Direction Discussion	Don Norris	Information	▪ Discussion regarding provider incentives ▪ Data Results from first pilot showing co-existing health problems ▪ 514 total clients ✓ 197 had Asthma ✓ Depression ✓ Hyperlipidemia ✓ Hypertension ▪ Patients with these additional problems are even more complicated and complex presenting a greater challenge to the PCP ▪ Although we will continue to focus on those clients with diabetes we will also look at the co-morbidities and develop enhanced payments for that care	
Review of clinical indicators	Don Norris	Information	▪ Discussion about asthma: ✓ 40% of those registered as having diabetes also had asthma ✓ Discussed whether to include that in the diabetes program ✓ Very small sample to-date	

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			✓ Asthma indicators are more difficult ✓ Team agreed that since asthma is not nationally recognized as having a relationship to diabetes, then we should not include it in the program at this time. ✓ We might want to re-look at the issue later when we have a larger sample to see if that possible relationship is carried through the rest of the Medicaid diabetic patients ▪ Other Indicators for: ✓ Nephropathy – Test for Microalbuminuria ✓ Neuropathy – Foot exam plus – Some said foot eam could be collected, but wanted to know how "neuropathy" would be denoted. ✓ Retinopathy – discussion if we should keep this indicator. It lines up with ADA & other group indicators. Fits in with other efforts state-wide. 20% had a diagnosis of retinopathy. It is a measure of the degree of control. Lines up with disparity studies. Team agreed to keep this indicator ✓ Glycemia Monitor – Continue to use this basic indicator. As often as q3mo if greater than 7. Team discussed. Some groups are saying that test should be redone if last one was 6.5 or more. ✓ Depression Screen – should be done. ✓ Influenza – discussed the difficulty in capturing the data, but Team thought we should keep this basic indicator. ✓ Group was asked if status of last pneumovax should be collected – recommended once q5yrs after certain age – There were questions about how the practices and DHW would keep track. ✓ Hypertension – discussed parameters Should the diagnosis be made at the traditional level of 140/90 vs new recommendations of 130/80 ✓ Smoking cessation – Team agreed should include "documented counseling on the chart" - easy data to collect. One practice noted that this information is on their flow-sheet. ✓ Weight control – discussed BME, Wt measurement, etc. ▪ Statement was made to look at the experience with the collaboratives	

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			– the more measures that are tracked, decreased return.	
Next Steps	Don Norris		Dr. Norris thanked the team for their input. DHW will take all their recommendations, and come up with a proposal.	DHW
Next meeting	Don Norris	Information	▪ *February 1, 2008 @ 8:30 MST (7:30 PST)	

* Note: Next meeting date changed to February 8, 2008